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FACSIMILE TRANSMISSION

DATE: June 30, 2005

TO: EXAMINER SCHULTERBRANDT

FACSIMILE NO.: 703-872-9306

FROM: John G. Posa

PAGES TRANSMITTED (INCLUDING COVER SHEET): 8

ORIGINAL DOCUMENTS WILL \_\_\_\_ / WILL NOT X FOLLOW BY MAIL

RE: SN 10/626,041

MESSAGE:

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. <b>BCR-10002/29</b>	
Applicant(s): <b>Herrmann</b>						
Application No. <b>10/626,041</b>	Filing Date <b>07/24/2003</b>	Examiner <b>Schulterbrandt</b>	Customer No. <b>25006</b>	Group Art Unit <b>3632</b>	Confirmation No. <b>1247</b>	
Invention: <b>SPRAY BOTTLE HANGER</b>						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	11 -	20 ■	0	x \$25.00	\$0.00	
INDEP. CLAIMS	3 -	3 ■	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
<b>John G. Posa</b> Reg. No. 37,424 Gifford, Krass, Groh, Sprinkle et al PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: <b>June 30, 2005</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____          _____          Signature of Person Mailing Correspondence          _____          Typed or Printed Name of Person Mailing Correspondence       </div>			
CC:						

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Herrmann

Serial No.: 10/626,041

Group No.: 3632

Filed: July 24, 2003

Examiner: Schulterbrandt

For: SPRAY BOTTLE HANGER

AMENDMENT

Mail Stop AMENDMENT  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 30, 2005, please amend the above-referenced application as follows: